

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2128HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/19/2010
NAME OF PROVIDER OR SUPPLIER DESERT WILLOW TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6171 W CHARLESTON BLVD, BLDG #17 LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State licensure resurvey conducted in your facility on 2/18/10 and 2/19/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. The resurvey was conducted to ensure compliance with the findings of the State licensure focus and complaint survey conducted on 8/27/09.</p> <p>The resurvey found that:</p> <ol style="list-style-type: none"> 1. The plan of correction was not implemented for Tag 318. (Denial of Rights form will be consistently completed for all patients when on suicide precautions or not able to wear their own clothing or when mattress is placed on the floor of the hall.) 2. The plan of correction was not implemented for Tag 602. (Consistent documentation for all PRN medications, documenting the reasons and results for all one time medications.) <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	{S 000}		
S 318 SS=F	<p>NAC 449.3626 Rights of Patient</p> <p>A governing body shall develop and carry out policies and procedures that protect and support the rights of patients as set forth in NRS 449.700 to 449.730, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to implement their plan</p>	S 318		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 318	Continued From page 1 for denial of rights for patients requiring suicide precautions for all patients. Severity: 2 Scope: 3	S 318		
{S 602} SS=F	NAC 449.394 Psychiatric Services 3. A hospital shall develop and carry out policies and procedures for the provision of psychiatric treatment and behavioral management services that are consistent with NRS 449.765 to 449.786, inclusive, to ensure that the treatment and services are safely and appropriately used. The hospital shall ensure that the policies and procedures protect the safety and rights of the patient. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide consistent documentation for as needed (PRN) medication for 8 of 8 patients reviewed. Severity: 2 Scope: 3	{S 602}		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.